Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		NVS5887HPC		B. WING		07/08/2010	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
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L 000	INITIAL COMMENTS		L 000				
	This Statement of Deficiencies was generated as a result of a State Initial Licensure Survey conducted in your facility on 7/8/2010, in accordance with Nevada Administrative Code, Chapter 449, Provision of Hospice Care. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified:						
L9999	FINAL OBSERVATIO	NS		L9999			
	a medical facility or a shall have a: (a) Physical examina licensed physician that good health, is free from any other communical stage; and (b) Mantoux tubercul persons with a history (BCG) vaccination.	of bacillus Calmette-G	ent n a te of and gious Guerin				
	If the employee has n	o documented history	of a				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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	had a single Mantous the preceding 12 more tuberculin skin test may single annual Mantous be administered there. NAC 441A.375(4) An employee with a compositive Mantoux tuberculin screening with a radiographs unless has suggestive of tuberculin screening and prevention of the preceding and prevention of the prevention of th	documented history of a erculin skin test is exemskin test or chest e develops symptoms alosis. entive therapy must be with a positive Mantoux	thin toux hust				
	NAC 441A.380(2)						
	staff of a facility for the facility for extended of intermediate care shad (b) Within 24 hours a person with a history (BCG) vaccination, is ensure that the person skin test, unless them administer the test in is admitted, the staff that the test is perforn qualified person arrivers.	provided in this section, ne dependent or a medicare, skilled nursing, or all: Ifter a person, including of bacillus Calmette-Gus admitted to the facility, on has a Mantoux tuberce is not a person qualificathe facility when the person the facility shall ensured within 24 hours after at the facility or within the sadmitted, whichever	a uerin culin ed to erson re er a in 5				

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		ding admission, ensure				
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		on has a single Mantoux				
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TB Testing Requirements						
	NAC 441A.375 Medi	s for				
		ement and care of case				
		rveillance and testing of				
	employees.	. romanos ana toomig o				
		tuberculosis or suspect	ted			
	•	ave tuberculosis in a				
	medical facility or a f	acility for the dependen	t			
	must be placed in Ac	cid-fast bacilli (AFB) isol	ation			
	and cared for in acco	ordance with Acid-fast b	acilli			
	(AFB) precautions se	et forth in " Centers for				
	Disease Control Guid	delines for Isolation				
	Precautions in Hospi					
		the Centers for Disease	e			
	•	g the transmission of				
		ies providing health care	e set			
	forth in " Guidelines	•				
		erculosis in Health-Care	I			
	_	al Focus on HIV-Related				
	Issues. "	lity or facility for the				
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	dependent shall mail		,			
		cility for tuberculosis and n. The surveillance of	'			
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		conducted in accordanc ations of the Centers fo				
		preventing the transmiss ilities providing health c				
	or tuberculosis ili fac	mues providing nearth c	ai C			

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	set forth in " Guidelir Transmission of Tube Settings, with Special Issues." 3. Before initial et employed in a medical dependent shall have (a) Physical examilicensed physician the good health, is free from the stage; and (b) Mantoux tuber persons with a history (BCG) vaccination. If the employee has recommended a single Mantoux tuber had a single Mantoux tuber had a single Mantoux the preceding 12 more tuberculin skin test me single annual Mantoux to the preceding with standingraphs unless he suggestive of tubercutes. 5. A person who test administered pur submit to a chest rad evaluation for active for the commendations of Society and the Ame forth in "Tuberculos Should Know." 7. A medical facility and the Ame forth in "Tuberculos Should Know."	nes for Preventing the erculosis in Health-Care I Focus on HIV-Related I Focus on a facility or a facility for a activation or certification from a the person is in a starom active tuberculosis able disease in a contage I culin skin test, including y of bacillus Calmette-Grand I Focus of I Focus on a contage I Focus on a contage I Focus on a contage I Focus on I Foc	the rom a te of and gious Guerin of a not hin toux aust ory of empt e skin hall ust be set					

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pulmonary symptoms. A public report promptly to the inferior any, or to the director or of the medical facility if the designated an infection of any pulmonary symptoms of tuberculosis are present be evaluated for tuberculor (Added to NAC by Bd. NAC 441A.380 Admission medical facility for extending or intermediate care or factor testing; respiratory isolatic counseling and preventive documentation. 1. Except as otherwise section, before admitting a facility for extended care, intermediate care, the state ensure that a chest radiog been taken within 30 days to the facility. 2. Except as otherwise section, the staff of a facilial a medical facility for externursing, or intermediate care (a) Before admitting a determine if the person: (1) Has had a cough whe (3) Has a cough whe (3) Has a fever whice a cold, flu, or other apparate (5) Is experiencing	tuberculin skin test ection control special rother person in charge medical facility has ontrol specialist, what develop. If symptont, the employee shads is a control specialist, what develop. If symptont, the employee shads is a control specialist, what develop. If symptont, the employee shads is a control of persons to led care, skilled nursicility for the dependency in the person to a medical skilled nursing, or aff of the facility shall graph of the person is preceding admission and person to the facility person to the facility person to the facility person to the facility of the dependency shall: person to the facility person to the facility of the spoutching in th	shall alist, arge as not en ms all -92) sing, ent: ent; cal I has ion nt or			

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	who has active tuberd (b) Within 24 hour person with a history (BCG) vaccination, is ensure that the person skin test, unless there administer the test in is admitted. If there is administer the test in is admitted, the staff of that the test is perform qualified person arrived ays after the patient sooner. (c) If the person has a two-step Mantoux to thad a single Manwithin the 12 months ensure that the person tuberculin skin test. A two-step Mantoux tuberculin skin test. A two-step Mantoux tuberculin skin testing and radiographs, but the sensure that the person skin testing and radiographs, but the sensure that the person has had a could and that he has one of symptoms of tuberculin skin testiff of the person has had a could that he has one of symptoms described subsection 2, the perfacility if the staff keel isolation until a health whether the person his staff is not able to keel isolation to the staff is not able to keel isolation.	culosis. s after a person, includi of bacillus Calmette-Gu admitted to the facility, in has a Mantoux tubero e is not a person qualified the facility when the pa is not a person qualified the facility when the pe of the facility shall ensu med within 24 hours afte es at the facility or withi is admitted, whichever as no documented histo uberculin skin test and toux tuberculin skin test preceding admission, in has a two-step Manto offer a person has had a perculin skin test, the fa person has a single kin test annually therea a documented history of erculin skin test is exem routine annual chest staff of the facility shall in is evaluated at least ence or absence of losis. e facility determines tha ugh for more than 3 wecommore of the other	culin ed to tient to erson re er a n 5 is ory of has t cility fter. If a npt et a eks				

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	a health care provided does not have active 5. If a test or evaluperson has suspected staff of the facility, or, if he has shall not allow the perunless the facility keer isolation. The person isolation until a health that the person does or certifies that althout tuberculosis, he is no care provider shall not active tuberculosis is health care provider in three consecutive negwhich were collected 6. If a test indicate been or will be admitt tuberculosis, the staff that the person is treat accordance with the raccordance with the rounseling and preverse he resident with a print accordance with the American Thoracic Scalung Association set What the Physician Staff of the action carried out pur	r determines that the per tuberculosis. uation indicates that a d or active tuberculosis, all not admit the person as already been admitters on to remain in the fairness the person in respiral must be kept in respiral not have active tuberculosis to the person has active tuberculosis. A heat certify that a person who to infectious unless the person who the separate days. The person who have to a facility shall ensure the person having active for the facility shall ensure the counseling of, and a person having active on the perso	the to ed, cility, atory nes alosis ve alth vith ne han ears as ve ure en forth d et at ed to test the ne han eat any d the					

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NAME OF PR	ROVIDER OR SUPPLIER	1443300711FG	STREET ADDI	I RESS, CITY, STA	ATE, ZIP CODE	0770	0/2010	
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	(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96) Based on record review and staff interview, the agency failed to provide tuberculosis testing and							
	prehire physicals as r 441A.375.	equired under NAC						
	The personnel file for Employee #1 contained a handwritten medical clearance that showed Employee #1 had signed the approval for his own prehire physical and TB clearance. The personnel fil lacked documented evidence of a prehire physical examination for Employee #2.							